

FEC FORM 5

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REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation LEAGUE OF CONSERVATION VOTERS INC		3. FEC Identification Number <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C90005786 </div>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1920 L STREET NW #800		
(c) City, State and ZIP Code WASHINGTON DC 20036		
2. Corporate filers only Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Individual filers only Name of Employer Occupation	

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☐ 24-Hour Report ☒ 48-Hour Report
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☒ No ☐

5. COVERING PERIOD: FROM M M / D D / Y Y Y Y
1 1 / 0 6 / 2 0 0 7

THROUGH

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 0 7

6. TOTAL CONTRIBUTIONS00

7. TOTAL INDEPENDENT EXPENDITURES..... 76487.65

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM**SIGNATURE****DATE**

Barbara Gonzalez-McIntosh

12/12/2007

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

LEAGUE OF CONSERVATION VOTERS INC

Full Name (Last, First, Middle Initial) of Payee
Direct Response Group

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	6		2	0	0	7

Mailing Address
2401 W Behrend Dr
Suite 7

Amount

76487.65

City	State	Zip Code
Phoenix	AZ	85027

Purpose of Expenditure
TV Advertising - No Introduction AdCategory/
Type 004
 Office Sought: ☒ House State: MD
☐ Senate District: 01
☐ President
Name of Federal Candidate Supported or Opposed by Expenditure:
Wayne T. GilchrestCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 76487.65Disbursement For: ☐ Primary ☐ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

76487.65

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

76487.65